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April 2, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
240 Taylor Office Building
Annapolis, MD 21401

Senate Bill 608 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage

Dear Chair Bagnall,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *Senate Bill 608 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage* and urges the committee to give the bill an unfavorable report.

The League and our members are committed to finding ways to cover all screenings and medically necessary services when appropriate, but we unfortunately cannot support this approach, especially without further premium impact analysis. We are unclear what the impact to plans would be to mandate coverage for single-gene and multigene pharmacogenomic testing. Coverage is typically based on a patient's individual medical history, current medications, and diagnosis, ensuring the test is relevant to their specific clinical situation, but that doesn't mean that it is appropriate for every patient. Most carriers cover forms of pharmacogenomic testing already, so we are unclear if the mandate is needed.

We also urge the committee to refer to the interim study done by the Maryland Health Care Commission (MHCC) on the topic which clearly states, "PGx tests are generally accurate in finding the relevant genes, showing strong reliability. However, this does not mean the test can always predict how well a medication will work for each patient. PGx testing may be helpful for patients who do not experience improvement of symptoms after trying several different medications. PGx testing is *not recommended* as a routine test before starting treatment. A patient's medical history and symptoms should remain the main guide when a provider evaluates which medication to prescribe first."

League members also have concerns about the evidence of these tests and their applicability to the broader Maryland population. The MHCC study also raises these concerns when it mentions that, "several issues complicate the interpretation of PGx testing evidence. Study populations were predominantly white and included only patients with prior antidepressant treatment, which may limit generalizability. In addition,

several trials were industry-funded or lacked full blinding, and the analysis did not evaluate the potential impact of medication changes or augmentation strategies. Moreover, PGx test results may not remain static over time.”

The MHCC work continues and addresses the implications of a new mandate in this space by stating, “Rising mandate-related costs may constrain some employers, particularly small firms, from offering comprehensive benefits or may lead to increased employee cost sharing. Over the past five years, the average annual premium for family coverage has increased by 24%, reflecting continued upward pressure on employer-sponsored health plan costs.”

Under the ACA, each state must pay for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State benchmark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland’s law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, and especially in this time of heightened sensitivity to affordability in health insurance premiums for consumers, we urge caution in moving forward with potentially expensive mandates, especially ones that have outstanding clinical questions yet to be resolved.

For these reasons, the League urges the committee to give Senate Bill 608 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, House Health Committee